

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. <u>General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-5
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TN No. 92-1

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State: Kentucky

	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
P.L. 102-585 Section 402	3. Is residing in the United States and-- <ul style="list-style-type: none"> a. Is a citizen. b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996. <u>X</u> Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U. S. Prior to August 22, 1996 and those who entered on or after August 22, 1996. c. Is an alien who is not a qualified alien as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services). d. Limited Coverage for Certain Aliens
1902(a) and 1903(v) of the Act and Section 401(b)(I)(A) of P.L. 104-193	Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

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State: Kentucky

42 CFR 435.403 4. Is a resident of the State, regardless of whether or not the
1902(b) of the Act individual maintains the residence permanently or
maintains it at a fixed address.

X State has interstate residency agreement with the
following States:

Iowa	New Jersey
West Virginia	New Mexico
California	North Dakota
Georgia	South Dakota
Tennessee	Maryland
Alabama	Ohio
Arkansas	Pennsylvania
Florida	Wisconsin
Kansas	Indiana (for individual cases)
Mississippi	Idaho

 State has open agreement(s).
 Not applicable; no residency requirement

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(P+P
9/16/00 dpe)

Division: HCFA-PM-91-8 (BPD)
October 1991

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Citation	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, intermediate care/mentally retarded facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 .604 2 of the c	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. <input checked="" type="checkbox"/> Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act and newborn children who are eligible under Section 1902(e)4.

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o. None

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August 1991

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Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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5. None

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October 1991

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State/Territory: Kentucky

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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Effective Date 2-1-93

TN No. None

HCFA ID: 7985E

Citation	Condition or Requirement
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B. Posteligibility Treatment of Institutionalized
Individuals' Incomes

1. The following items are not considered in the posteligibility process:

- | | |
|-----------------------------|--|
| 1902(o) of
the Act | a. SSI and SSP benefits paid under § 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. |
| Bondi v
Sullivan (SSI) | b. Austrian Reparation Payments (pension (reparation) payments made under § 500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. |
| 1902(r)(l) of
the Act | c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). |
| 105/206 of
P. L. 100-383 | d. Japanese and Aleutian Restitution Payments. |
| 1. (a) of
P. L. 103-286 | e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). |
| 10405 of
P. L. 101-239 | f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. no. 381 (E.D.N.Y.) |
| 6(h)(2) of
P. L. 101-426 | g. Radiation Exposure Compensation. |
| 12005 of
P. L. 103-66 | h. VA pensions limited to \$90 per month under 38 U.S.C. 5503. |

TN No. 98-03
Supersedes
TN No. 92-01

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Effective Date 1/1/98

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals <u>\$40.00</u> plus mandatory nondiscretionary deductions¹ Couples <u>\$80.00</u> plus mandatory nondiscretionary deductions²</p> <p>For the following persons with greater need:³</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$40.00</u> plus mandatory nondiscretionary deductions Adults <u>\$40.00</u> plus mandatory nondiscretionary deductions⁴</p> <p>For the following persons with greater need:⁵</p> <p>Supplemental 12a to <u>Attachment 2.6-A</u> describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of <u>Attachment 2.2-A</u>. <u>\$40.00</u> plus mandatory non discretionary deductions.</p>

¹ For individuals receiving a VA pension limited to up to \$90 a month under Section 601 of P.L. 102-568, the Personal Needs Allowance is the (greater) of the amount permitted to be paid under Section 601 (up to \$90) and the amount specified in this section.

² The deduction described in footnote 1 applies when either member of a couple receives a VA pension described in footnote 1.

³ Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the amount when a specific amount is not limited above; lists the criteria to be met; and where appropriate, identifies the authority for approving that criterion is met.

⁴ For individuals receiving VA pension limited to up to \$90 a month under Section 601 of P.L. 102-568, the Personal Needs Allowance is the (greater) of the amount permitted to be paid under Section 601 (up to \$90) and the amount specified in this section.

⁵ Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the authority for approving that a criterion is met.

Citation

Condition or Requirement

For the following persons with greater need:⁶

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate; identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

- a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

_____ The poverty level component is calculated using the applicable percentage (set out §1924 (d)(3)(B) of the Act) of the official poverty level.

_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).

 X The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court ordered support.

⁶Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; limits the criteria to be met; and where appropriate, identifies the authority for approving that a criterion is met.

Citation

Condition or Requirement

In determining any excess shelter allowance, utility expenses are calculated using:

_____ the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or

_____ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

 X one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.

_____ a greater amount calculated as follows:

The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution.

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1):

The Definition of Dependency

For the purpose of deducting allowances under Section 1924, a dependent means a child, parent, or sibling who lives with the community spouse and is claimed as a dependent by either spouse under the Internal Revenue Services Code.

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party: